

Print
Save & Close
Close Without Saving

**TSS QAS REVIEW SHEET**

**Application Number:**

**Review Type:** Issue Revision

**Total applicable points:** 0

**Cluster Date:**

**Tech Center:**

**Total points earned:** 0

**Issue Processing**

**JACKET / ISSUE CLASSIFICATION SHEET**

Primary Examiner box complete

Issuing Classification complete

**PTO-892/1449**

Examiner's initials or cross-through lines supplied for each item cited by applicant

Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)

**SPECIFICATION**

Brief description of drawings includes description of each figure in drawings

Continuing data mentioned in 1st paragraph (can be an insert)

**CLAIMS**

Claims listed on Notice of Allowability match allowed claims and/or index of claims

Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependences)

One sheet of complete claims

**RAM FEES**

Applicable Fees

☐ Examiner's amendment

**CRFE-COMPUTER READABLE FORM**

If necessary (biological sequence listing)

**TITLE (design only)**

The title of the application matches the claim.

Comments:

**TSS QAS:**

**LIE:**

**Error Score:** N/A

☒ Yes ☐ No ☐ N/A <sup>7</sup>

☒ Yes ☐ No ☐ N/A <sup>13</sup>

☒ Yes ☐ No ☐ N/A <sup>13</sup>

☒ Yes ☐ No ☐ N/A <sup>13</sup>

☒ Yes ☐ No ☐ N/A <sup>13</sup>

☒ Yes ☐ No ☐ N/A <sup>13</sup>

☐ Yes ☐ No ☐ N/A <sup>13</sup>

☐ Yes ☐ No ☐ N/A <sup>13</sup>

☐ Yes ☐ No ☐ N/A <sup>9</sup>

Amount Actually Charged      Amount That Should Have Been Charged

<sup>15</sup>

☐ Yes ☐ No ☐ N/A <sup>15</sup>

☐ Yes ☐ No ☐ N/A <sup>13</sup>

Paragraph    Font    Size    Color    B    I    U    abc    x    y    z